

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036716

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 163 Primary Registration District No. 5596 Registrar's No. 62
FILED SEP 18 1963

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY JEFF	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN VALLE		c. CITY OR TOWN DE SOTO, Mo., Rt. #1	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DE SOTO, Mo., Rt. #1		d. STREET ADDRESS FLUCOM ROAD	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last IRA EDGAR CARSON		4. DATE OF DEATH Month Day Year SEPT 13 1963	
5. SEX MALE	6. COLOR OR RACE CAUC.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/7/80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY CARPENTER	9. AGE (last birthday) 83
13a. FATHER'S NAME ALBERT CARSON		11. BIRTHPLACE (City and state or country) AURORA, NEBR.	
13b. MOTHER'S MAIDEN NAME SARAH WITHINGTON		12. CITIZEN OF WHAT COUNTRY USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) YES SPAN. AMERIC		14. NAME OF HUSBAND OR WIFE ETTIE BELLE CARSON	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT IVAN CARSON, Rt. #1, DE SOTO, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY THROMBOSIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Coroner's View and last saw her him alive on _____ Death occurred at 4:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) James A. Carson M.D.		22b. ADDRESS Feeling Mo	
22c. DATE SIGNED 9-16-63		23. NAME OF CEMETERY OR CREMATORY BUSTER CEMETERY	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 9/16/63	
24. FUNERAL DIRECTOR D.B. DIETRICH, DE SOTO, MISSOURI		25. DATE RECD. BY LOCAL REG. 9-16-1963	
26. REGISTRAR'S SIGNATURE Marie Harris			

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300
Rev. 4/59

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SEP 20 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Donnell B. Greiner

Licensed Embalmer No.

4104

P. O. Address

John B. Moore

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.